

# National Conference of Governor's Schools



**Applicant Information:** Complete only one (1) form per person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership Details:** Membership runs from November 1 to October 31 of each calendar year

I am applying for the following category of membership in the National Conference of Governor's Schools:

- Active Member:** Those actively engaged in the operation and development of an existing governor's school program and those currently involved in setting policy for such schools. See expanded definition at [www.ncogs.org](http://www.ncogs.org).
- Associate Member:** Those interested in advancing the purposes of governor's schools who do not qualify for active membership. *Note: This category includes full-time students and governor's school alumni*

**Membership Fee:** Contact your program administrator to determine which fee applies to your membership

Program Name: \_\_\_\_\_ State: \_\_\_\_\_

- \$ 75.** The first two members of a program pay \$75 each; all additional members pay \$25. Contact your program administrator to determine which fee applies to your membership.
- \$ 25:** Applies to **all additional** memberships from the same program
- \$ \_\_\_:** Applies to full-time students and alumni (no payment required; \$10 donation suggested)

**Payment Method:**

- Check or money order payable to National Conference of Governor's School (NCoGS)

**Relationship to Governor's School:** Select any that apply

- Board Member  Faculty  Residential Staff  Support Staff  Other: Specify \_\_\_\_\_
- Administrator (Overall)  Administrator (Campus)  Other Administrative
- Position/Title: \_\_\_\_\_  Full-Time  Part-Time
- Alumni: School \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

If you are not directly involved in a governor's school, please indicate your relationship or interest:

Relationship/Interest: \_\_\_\_\_ Position: \_\_\_\_\_

**Additional Employment Information:** (for statistical purposes only)

Are you employed elsewhere?  Yes  No If yes, Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_